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Review of Follow-up Outpatient Appointments

Cwm Taf University Health Board

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The team who delivered the work comprised Jackie Joyce and Phillip Jones.

Contents

The Health Board is improving the accuracy of its follow-up waiting list but the number of patients delayed is increasing and it needs to do more to assess clinical risks, improve administrative processes and address follow-up delays.

Summary report

Introduction

1. Outpatient services are complex and multi-faceted and perform a critical role in patient pathways. The performance of outpatient services has a major impact on the public's perception of the overall quality, responsiveness and efficiency of health boards. They form a critical first impression for many patients, and their successful operation is crucial in the delivery of services to patients.

2. Outpatient departments see more patients each year than any other hospital department with approximately 3.1 million patient attendances[1] a year, in multiple locations across Wales. A follow-up appointment is an attendance to an outpatient department following an initial or first attendance. The Welsh Information Standards Board[2] has recently clarified the definition of follow-up attendances as those 'initiated by the consultant or independent nurse in charge of the clinic under the following conditions:

- following an emergency inpatient hospital spell under the care of the consultant or independent nurse in charge of the clinic;
- following a non-emergency inpatient hospital spell (elective or maternity) under the care of the consultant or independent nurse in charge of the clinic;
- following an accident and emergency (A&E) attendance to an A&E clinic for the continuation of treatment;
- an earlier attendance at a clinic run by the same consultant or independent nurse in any Local Health Board/Trust, community or GP surgery; and
- following return of the patient within the timescale agreed by the consultant or independent nurse in charge of the clinic for the same condition or effects resulting from the same condition'.

3. Over the last 20 years, follow-up outpatient appointments have made up approximately three-quarters of all outpatient activity across Wales[3]. Follow-ups have the potential to increase further with an aging population which may present with increased chronic conditions and co-morbidities.

4. Health boards manage follow-up appointments that form part of the Referral to Treatment (RTT) pathway and are subject to the Welsh Government RTT target of 26 weeks. Follow-up appointments that form part of the treatment package itself, for example, to administer medication, or to review a patient's condition, are not subject to timeliness targets set by the Welsh Government. Instead, these are managed within the context of clinical guidelines and locally-determined target follow-up dates.

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[1] Source: Stats Wales, **Consultant-led outpatients summary data**

[2] Welsh Information Standards Board **DSCN 2015/02**

[3] Source: Stats Wales **Consultant-led outpatients summary data by year**. Accident & Emergency (A&E) outpatient attendances have been excluded, as there exists another data source for A&E attendance data in Wales (EDDS), which is likely to contain different attendance figures to those in this particular data set.

5. In 2013, the Royal National Institute for the Blind raised concerns that patients were not receiving their follow-up appointments to receive ongoing treatment and, in 2014, it published a report **Real patients coming to real harm – Ophthalmology services in Wales**. The Welsh Government's Delivery Unit is working with health boards to develop ophthalmology pathways and the intention is that better targets for this group of patients will emerge from this work. However, this represents only one group of high-risk patients, as overdue follow-up appointments for ophthalmology patients can result in them going blind whilst waiting. Clinical risks remain for other groups of patients, and questions around efficiency and effectiveness for the management of follow-up outpatients in other specialities remain.

6. Since 2013, the Chief Medical Officer and Welsh Government officials have worked with health boards to determine the extent of the volume of patients who are overdue a follow-up appointment (referred to as 'backlog') and the actions being taken to address the situation. Welsh Government information requests, in 2013 and early 2014, produced unreliable data and prompted many health boards to start work on validating outpatient lists. Due to the historical lack of consistent and reliable information about overdue follow-up appointments across Wales, the Welsh Government introduced an all-Wales 'Outpatient Follow-up Delay Reporting Data Collection' exercise[4] in 2015.

7. Since January 2015, each health board has been required to submit a monthly return to the Welsh Government detailing the number of patients waiting (delayed) at the end of each month for an outpatient follow-up appointment, and by what percentage they are delayed based on their target date[5]. Data submitted for the period January to March only related to patients that did not have a follow-up appointment booked. From April onwards, health boards were also required to submit data relating to those patients who had an outpatient appointment booked.

8. The revised returns are beginning to provide a better indication of the scale of delayed follow-up outpatient appointments. However, across Wales, there are some difficulties in accurately identifying the extent of delays for patients with booked appointments who 'could not attend' (CNA), 'did not attend' (DNA) and patients on a 'see on symptom' pathway. The uncertainty surrounding how to calculate delays for booked patients means that health boards cannot yet report with confidence accurate information for this group of patients. Health boards met with NWIS in July 2015 to help clarify these issues. It is anticipated that the introduction of revised Welsh Government reporting requirements will help clarify these issues and should provide a basis for improving the accuracy patients with booked appointments who are delayed.

[4] **Welsh Health Circular (WHC/2015/002)** issued in January 2015 and the **Welsh Health Circular (WHC/2015/005)** issued in April 2015 introduce the Welsh Information Standards Board's **DSCN 2015/02** and **2015 DSCN 2015/04** respectively.

[5] Target date is the date by which the patient should have received their follow-up appointment.

9. Analysis of the June 2015 health-board submissions reveals that in Wales there were some 521,000 patients[6] waiting for a follow-up appointment that had a target date. In addition to this, there were a further 363,000 patients that did not have a target date. Of the 521,000 patients, only 26 per cent had a booked appointment. This may be due to patients recently being added to the waiting list and not yet been booked an appointment.

10. Approximately 231,000 (44 per cent) of the 521,000 patients waiting for a follow-up appointment in Wales were identified as being delayed beyond their target date. Of the 231,000 patients delayed just over half had been waiting twice as long as they should have for a follow-up appointment (Appendix 1). The all-Wales analysis at the end of June 2015, however, should be treated with some caution, as health boards know that their follow-up waiting lists are inflated. Our work has indicated that in some health boards follow-up lists are likely to contain data errors and patients without a clinical need for an appointment.

11. As part of its NHS Outcomes Framework 2015-16[7], the Welsh Government has developed a number of new outcome-based indicators relating to outpatient follow-up appointments. This includes ophthalmology outpatient waiting times for both new and follow-up appointments based on clinical need, along with a broader measure relating to a 'reduction in outpatient follow-ups not booked' for all specialties.

12. Given the scale of the problem and the previous issues raised around the lack of consistent and reliable information, the Auditor General has carried out a review of follow-up outpatient appointments. The review, which was carried out between April 2015 and June 2015, sought to answer the question: **'Is the Health Board managing follow-up outpatient appointments effectively?'**

Our findings

13. Our review has concluded that Cwm Taf University Health Board (the Health Board) is improving the accuracy of its follow-up waiting list but the number of patients delayed is increasing and it needs to do more to assess clinical risks, improve administrative processes and address follow-up delays.

[6] These may not be individual unique patients as some patients may be waiting for a follow-up appointment with more than one speciality or more than one consultant.

[7] **Welsh Health Circular WHC (2015) 017**

14. The reason for our conclusion is that:

- The Health Board is improving the accuracy of its follow-up waiting list but needs to assess clinical risks and embed process improvements:
  - although the Health Board has a range of information available on outpatient follow-ups and a good understanding of the Welsh Government data standard requirements it did not meet Welsh Government reporting requirements between January and March 2015; and
  - the Health Board is improving the accuracy of its follow-up waiting list but needs to assess the clinical risks to patients waiting beyond their target date and further embed improved data entry processes.
- The number of patients waiting for a follow-up appointment and the number of patients delayed are increasing and the Health Board needs to improve clinical risk reporting:
  - the numbers of patients waiting for a follow-up appointment and the number of patients delayed beyond their target date are increasing; and
  - although the Health Board has information on the volume of delayed follow-up appointments it needs to improve information on whether patients who are delayed come to harm.
- Although the Health Board has plans to develop services within the community, current operational arrangements are having limited impact on reducing delayed follow-ups and service modernisation will be challenging:
  - short-term operational arrangements are in place but are having a limited impact on reducing the number of follow-up patients who are delayed; and
  - the Health Board has plans to develop services within the community and improve hospital-based arrangements but modernisation of services will be challenging.

Recommendations

15. We make the following recommendations to the Health Board.

Follow-up outpatient reporting	
R1	Ensure that there is sufficient information on the clinical risks of delayed follow-up outpatient appointments reported to relevant sub-committees so that the Board can take assurance from monitoring and scrutiny arrangements.
Process improvement	
R2	Ensure compliance with revised administrative and booking processes across the organisation to avoid unnecessary retrospective validation of patient records.

Outpatient modernisation

R3 Evaluate service changes adopted by the Health Board to address delayed follow-ups so that impact can be monitored and timely intervention taken if impacts are not being achieved as expected.

Operational arrangements

R4 Develop operational arrangements to deal with the backlog in delayed follow-up appointments, in particular, those specialities or clinical conditions where there is likely to be harm to patients who are delayed.

R5 Profile follow-up reductions in order that the Health Board can monitor the progress and impact of operational arrangements.

Detailed report

The Health Board is improving the accuracy of its follow-up waiting list but needs to assess clinical risks and embed process improvements

Although the Health Board has a range of information available on outpatient follow-ups and a good understanding of the Welsh Government data standard requirements it did not meet Welsh Government reporting requirements between January and March 2015

16. In August 2014, the Welsh Government required all health boards to adopt a single definition of a delayed follow-up which is 'any patient waiting over their clinically agreed target review date' and since then has continued to develop and improve reporting templates and guidance to health boards.

17. The Health Board understands the Welsh Government's definition and data requirements for reporting patients who are waiting for a follow-up outpatient appointment. However, data submitted to the Welsh Government between January and March 2015 did not include patients requiring a follow-up appointment after an emergency admission. This means that the Health Board was under reporting the number of patients waiting for a follow-up appointment and was not able to accurately report the number of patients delayed.

18. The Health Board identified this omission in April and worked with the Myrddin Team to ensure that all patients where a follow-up was required were identified correctly and that information could be extracted from its Patient Administration System (Myrddin). It now uses a stored automated procedure to identify and extract patients from the Patient Administration System (Myrddin) who are waiting for a follow-up outpatient appointment, referred to as follow-up not booked (FUNB). Since April 2015 the Health Board has reported both patients waiting for a follow-up appointment and those that have a booked appointment to the Welsh Government.

19. Interviews with key members of the Health Board indicated that information regarding follow-ups had been available since May 2014 in advance of national guidance. A range of information exists which allows the Health Board to identify patients that are not only delayed beyond their target date but also patients due a follow-up appointment, but who have not yet reached their target date. The information on follow-ups is available to staff via its SharePoint and is also issued weekly to directorate managers. This is helping support the validation and management of outpatient follow-up appointments at an operational level.

The Health Board is improving the accuracy of its follow-up waiting list but needs to assess the clinical risks to patients waiting beyond their target date and further embed improved data entry processes

20. In May 2014, the Health Board was aware that it had an increasing number of patients who were waiting for a follow-up outpatient appointment. At the time it had some 48,000 patient records that required validation to establish if there was a genuine need for a follow-up appointment. The Health Board recognised that in many specialities, the outcome category on Myrddin was not managed correctly and patients were incorrectly showing on the system as needing a follow-up when they did not.

21. The Health Board has implemented a number of activities designed to improve the accuracy of its follow-up waiting lists. Funding of some £25,000 was secured in June 2014 for a one-off administrative validation exercise. It was originally envisaged that the exercise would be completed by the end of January 2015. However, due to capacity issues the Health Board now anticipates completing administrative validation by September 2015 for all specialities except ophthalmology. The administrative validation is primarily undertaken by medical secretaries reviewing the last clinic letter to ensure that the outcome was correctly recorded in Myrddin and to determine if the patient could be discharged.

22. Clinical validation was originally envisaged to commence following completion of the administrative validation. However, due to delays in completing the administrative validation the Health Board decided to undertake clinical validation in parallel in some specialities, for example, cardiology and ENT. The patient's registered GP undertook the clinical validation through a Local Enhanced Service (LES) agreement. It was originally anticipated that some 10,000 patients would be reviewed in this way by June 2015. Due to the limited number of GP practices participating, just over 2,000 patients were reviewed in this way.

23. In September 2014, the Health Board reported that administrative validation had identified that many patients on the follow-up waiting list did not actually require a follow-up appointment. For example, early analysis of validation exercises indicated that:

- eighty-four per cent of paediatric patients validated did not require a follow-up appointment;
- seventy-four per cent of gynaecology patients validated did not require a follow-up appointment; and
- ninety-four per cent of ophthalmology patients validated did not require a follow-up appointment.[8]

24. The high proportion of patients identified as not requiring a follow-up appointment indicates significant data quality issues as they are on the list in error. This is acknowledged by the Health Board.

[8] Cwm Taf University Health Board, Finance and Performance Committee, September 2014

25. The Health Board recognises the need to improve processes to ensure that the list is improving in terms of accuracy at the point of data input, in particular recording target dates and outcomes to reduce the need to invest in retrospective administrative validation. For example, to address the issue of target dates the Health Board introduced a new process in October 2014 to ensure that all reception staff record a target date for patients even if they leave clinic with a booked follow-up appointment. In such a situation, the date of the booked appointment is also the target date. In addition, medical secretaries are required to check that the outcome in the clinic letter is correctly recorded in Myrddin.

26. Despite these processes being in place to help to improve the accuracy of the follow-up waiting list, there are patients still being added to the list without a target date. In May 2015, the Health Board stated that some 1,000 patients were being added to the follow-up list each week that did not have a target date for a follow-up appointment. This means that the Health Board is not able to monitor and track the degree to which patients may have breached their target date. It is clear that further training and compliance with the revised processes are required. Because processes are not being actioned, it means that the Health Board is undertaking unnecessary retrospective validation activities and this is an additional pressure on capacity, which could be avoided.

27. In February 2015, the Health Board adopted a 'see on symptom approach'. A 'see on symptom' approach results in patients being discharged when clinically safe to do so, and then relies on the patient to self-refer if there are any issues with their condition. Previously these patients would not have been discharged by the consultant and would have remained on the follow-up list without a booked appointment.

28. The Health Board has a number of reports available to monitor progress on validating patient records. For example, reports identifying patients on the follow-up waiting list requiring validation are available on SharePoint and are also sent to directorates on a weekly basis for action. A summary report of follow-up validations is also available which records the numbers requiring validation and those validated by speciality and by site. There is systematic recording of the action taken as a consequence of validation for each patient on the follow-up waiting list.

29. The latest validation report indicates that there are approximately 7,500 patient records on the un-booked follow-up waiting list that require validation. The Health Board recognises that in order to monitor progress on validation they need to profile the reductions they are expecting to achieve during 2015-16.

30. Although clinical specialties normally follow clinical guidelines, if they are available, for setting follow-up or review dates, the degree to which clinical guidelines exist varies by speciality and sub-speciality. Clinicians told us that there will always be a requirement for local clinically-determined follow-up target dates, as not all patient conditions are the same, and other complex factors such as co-morbidities and other health conditions are also factors in an individual patient pathway. Despite this, staff we spoke to recognised that there is likely to be unexplained variation in the approaches taken by clinicians when setting follow-up target dates and also discharging patients, which may result in follow-ups taking place that have no clinical value.

31. The approach to validation taken by the Health Board is improving the accuracy of the follow-up waiting list. Clerical validation and the ongoing clinical validation will help the Health Board to understand the true scale and clinical nature of its outpatient follow-up demand. This, in turn, should enable more refined demand and capacity modelling and the development of appropriate alternative pathways, such as:

- patients with a genuine acute clinical need that can only be seen in the hospital setting;
- patients that can be reviewed virtually, possibly after additional diagnostics tests have been completed;
- patients that can be followed up by telephone; and
- patients that can be discharged into a community setting.

The number of patients waiting for a follow-up appointment and the number of patients delayed are increasing and the Health Board needs to improve clinical risk reporting

The numbers of patients waiting for a follow-up appointment and the number of patients delayed beyond their target date are increasing

32. Analysis of the Health Board's June 2015 submission reveals that nearly 57,000 patients were waiting for a follow-up appointment that had target dates. In addition to these patients there were a further 25,500 patients that did not have a target date. Target dates are important as they allow the Health Board to calculate the delay being experienced by patients. Currently the Health Board is not fully sighted of the true demand for follow-ups or the length of delay being experienced by patients without a target date.

33. In June, a third (18,500) of all patients waiting for a follow-up appointment were delayed and of those nearly half had been waiting twice as long as they should have for a follow-up appointment ie, delayed more than 100 per cent past their target date (Appendix 1). Of the 18,500 delayed patients, only 4,600 (25 per cent) had a booked appointment. It is possible that these delays are presenting clinical risks to patients.

34. Current Welsh Government data returns require health boards to distinguish between patients with a booked appointment and those without. Analysis of un-booked appointments shows there has been an increase in both the number of patients waiting for a follow-up and the number of patients delayed past their target date between January and June (Appendix 2). In June, there were approximately 3,000 more patients waiting for a follow-up. The increase in patients waiting for a follow-up appointment is primarily a consequence of validation activities that are identifying patients without target dates that have a clinical need for a follow-up appointment.

However, there were 1,700 more patients delayed in June compared with January 2015. This increase is a concern and indicates that action to address delays is not keeping pace with growth in demand.

35. Analysis of the un-booked patients reveals that each month, since January, approximately 50 per cent of patients waiting for a follow-up appointment were delayed. Of those patients delayed more than half had been waiting twice as long as they should have for an appointment. The Health Board recognises that it needs to manage the growth in follow-up demand and consider its capacity and service models if it is to reduce waiting list numbers and the associated clinical risks. In 2015, each directorate undertook demand and capacity planning which, for the first time, included follow-up backlogs.

36. As part of this review, we focussed on four specialties, as they covered a sizeable volume of overall outpatient follow-up activity – General Surgery, General Medicine, Gynaecology and Ophthalmology – both to look at the work being done to improve the reliability and accuracy of the follow-up lists, but also to determine local arrangements to improve the management and delivery of follow-up outpatient services.

37. Exhibit 1 shows the total number of un-booked patients waiting for a follow-up appointment and the percentage of those patients who are delayed beyond their target date in these specialties. Data submitted to the Welsh Government between January and March did not include all patients requiring a follow-up appointment after an emergency admission. This affected a number of specialities, in particular, General Surgery and General Medicine. The trends, between January and June 2015 for each specialty is set out below but should be treated with some caution as there was under reporting between January and March in relation to emergency patients requiring a follow-up:

- General Surgery – except for April, the trend is one of relative stability in the numbers of patients waiting for a follow-up. However, the number of patients delayed past their target date and the proportion of patients who are delayed is rising.
- Ophthalmology – the trend is one of relative stability in the total number of patients waiting for a follow-up and is approximately 8,000. The number of patients delayed beyond their target date remains constant at about 4,500 from February to June. The proportion of patients delayed is also constant but is high at nearly 60 per cent. This is a concern, given the focus on ophthalmology both within the Health Board, and at a national level.
- General Medicine – the trend is markedly different for the periods January to March and April to June. There was a significant increase in both the number of patients waiting for a follow-up as well as the number of patients delayed past their target date between March and April. In June, there were nearly 1,000 more patients waiting for a follow-up compared with January and some 700 more patients delayed past their target date. This is a concern, as it is possible that these delays are presenting clinical risks to patients requiring follow-up.

- Gynaecology – the trend is one of relative stability in the number of patients waiting for a follow-up. However, both the number and proportion of patients delayed have steadily increased since January. The proportion of patients delayed is high at 60 per cent.

Exhibit 1: The number of patients waiting for a follow-up appointment and the percentage who are delayed by selected speciality between January and June 2015 (un-booked patients)

Specialty	January	February	March	April	May	June
General Surgery						
Number of patients waiting for a follow-up	775	782	761	1,102	738	803
Number and percentage of patients delayed beyond target date	154 20%	171 22%	167 22%	520 47%	182 25%	211 26%
Ophthalmology						
Number of patients waiting for a follow-up	7,957	7,474	7,772	7,912	7,615	7,977
Number and percentage of patients delayed beyond target date	5,218 66%	4,477 60%	4,461 57%	4,649 59%	4,465 59%	4,672 59%
General Medicine						
Number of patients waiting for a follow-up	655	673	740	2,058	1,615	1,647
Number and percentage of patients delayed beyond target date	185 28%	220 33%	249 34%	1,200 58%	803 50%	849 52%
Gynaecology						
Number of patients waiting for a follow-up	1,427	1,445	1,453	1,460	1,415	1,512
Number and percentage of patients delayed beyond target date	689 48%	724 50%	773 53%	817 56%	841 59%	905 60%

Source: Welsh Government Outpatient Follow-up Delays – Monthly Submission

38. Since April 2015, the Welsh Government has also required all health boards to report the number of booked patients waiting for a follow-up outpatient appointment. There are not enough comparable periods to form a conclusion on the trend in relation to the position of patients with a booked appointment (Appendix 2). In June, there were 4,600 patients delayed past their target date and 28 per cent had been waiting twice as long as they should have been. Appendix 3 contains more detailed information on the position of booked patients in April, May and June.

Although the Health Board has information on the volume of delayed follow-up appointments it needs to improve information on whether patients who are delayed come to harm

39. Backlogs and delays in outpatient follow-up appointments have been an issue for many health boards for a number of years. However, until recently few health boards across Wales routinely analysed or reported follow-up outpatient information as part of their performance reporting to the Board.

40. The Health Board has an organisational risk register, which is reported regularly to the Integrated Governance Committee, that includes two risks that are related to outpatients:

- 'lack of control and capacity to accommodate all hospital follow up outpatient appointments'; and
- 'sustainability of a safe and effective ophthalmology service'.

41. The Finance and Performance Committee is responsible for monitoring the performance aspects of outpatient follow-up appointments. It is positive to note that there have been a number of reports to this committee since September 2014 and that the committee requests regular updates. The Integrated Performance Dashboard, for the first time, in June contained the information reported to Welsh Government on follow-up appointments. Reports tend to concentrate on the volume of delayed follow-up appointments with updates on the action being taken to validate patients on the follow-up waiting list.

42. The Health Board recognises that it has particular challenges in respect of its ophthalmology service with patients coming to harm as a consequence of delayed follow-ups. It has put in place a number of actions to address performance issues that are focussed on those conditions where there is a high risk of sight loss. There are two committees involved in the scrutiny and assurance of the ophthalmology service. The Finance and Performance Committee receives performance related reports and the Quality and Safety Committee considers the clinical safety issues.

43. A review of the agendas and minutes for these two committees reveal that there is regular reporting of the performance of ophthalmology service. Board Members have also been made aware of the issues in the service from regular reporting to the Board by the Chief Executive. Given the current high profile nature of ophthalmology, it is understandable to see enhanced reporting for this speciality.

44. There are known clinical risks associated with delays in follow-up appointments, and patients can come to irreversible harm while on the waiting list. Whilst there is reporting to Board and its sub committees the focus has been on the volume of patients waiting for a follow-up appointment. There has been some reporting of clinical risks associated with delays in ophthalmology, and the Quality and Safety Committee received a report in July 2015 which investigated 'if any delay in treatment (cancer breaches) leads to increased patient mortality'. Despite this there is little assurance that clinical risks have been identified and are being addressed for other specialities.

45. The Health Board needs to broaden the information reported to the Board and its sub-committees so that it is aware not only of the volume of delays but also the clinical nature of delays in outpatient follow-up appointments. Such information should include a range of measures or indicators to enable the Health Board to understand its recent performance as well as being better able to manage operational activity to address those follow-up delays that present the highest clinical risk of patients coming to harm.

Although the Health Board has plans to develop services within the community current operational arrangements are having limited impact on reducing delayed follow-ups and service modernisation will be challenging

Short term operational arrangements are in place but are having limited impact on reducing the number of follow-up patients who are delayed

46. This section of the report is about the shorter-term actions the Health Board is taking to address follow-up outpatient appointments. The next section deals with the longer-term approach being taken, however, it should be noted that many of the current arrangements will form part of the Health Board's longer-term approach to modernising outpatient services.

47. The Health Board's overall approach to addressing follow-up outpatient appointments was described as a four-pronged approach which included:

- identifying follow-ups that are not required;
- improving booking systems;
- clinical profiling to identify priorities; and
- identifying alternative follow-up pathways.

48. Although the Health Board recognises the need to change how follow-up outpatient services are delivered it is still at an early stage of determining what changes are required. Key officers told us that they needed to complete the validation activities with GPs, and then patient pathways will be redesigned.

49. During 2014-15 the main focus of activity has been on validating the follow-up waiting lists to identify genuine clinical demand. As mentioned above validation activities are still ongoing and most are anticipated to be complete by September 2015.

50. The Health Board have sought to target follow-ups on a risk basis which has meant that particular focus has been on ophthalmology, cardiology and child and adolescent mental health (CAMHS).

51. The Health Board has had a number of specific issues with its ophthalmology service during the last couple of years. It has an action plan, which, it is positive to note, identifies the actions being taken for particular clinical conditions including age-related-macular-degeneration, glaucoma and cataracts. We were told that the focus has been on conditions that could lead to harm if follow-ups are delayed. Actions taken to address issues in the ophthalmology service are wider than just follow-ups and include:

- recruitment to a revised departmental nursing structure;
- specialist nurse practitioner training;
- medical appointments;
- outsourcing of some cataract surgery;
- implementation of virtual clinics9 for follow-ups, additional clinics known as 'Super Saturday';
- opening a one-stop Ophthalmic Diagnostic and Treatment Centre (ODTC) for stable glaucoma patients;
- increasing physical capacity in an ODTC; and
- engagement of community optometrists to undertake post-operative cataract checks and follow-up of stable glaucoma patients.

- Despite these actions, the impact on the numbers of ophthalmology patients waiting and delayed is not yet apparent through the data submitted to the Welsh Government. An assurance review carried out at the Royal Glamorgan Hospital by the Welsh Government's Delivery Unit in April 2015[10] for glaucoma and wet age related macular degeneration pathways found 'considerable improvement in respect to waiting times for follow up patients on both pathways'.

[9] There is no single definition for the scope and function of a virtual clinic. However, these may be clinics that result in a clinical decision being made without the need for the patient to attend. These may include reviewing case notes, reviewing diagnostic test results or making telephone or video contact with the patient.

[10] Delivery Unit, Focus on Ophthalmology: Assurance Reviews, 19 May 2015

52. There are service developments currently taking place which are likely to form part of the Health Board's longer-term approach to modernising outpatient services and include:

- virtual clinics in cardiology to discharge patients;
- trialling advice lines for GPs in cardiology;
- 'Consultant of the Week' providing advice for GPs and also considering if referral to secondary care is necessary;
- working with General Practitioner (GP) Clusters to discharge some diabetic patients to primary care for annual review;
- standardising clinic templates in ophthalmology incorporating both new and follow-ups; and
- using a specialist nurse practitioner in ENT to provide an earwax care service.

53. There are also some examples of non-service based initiatives which include:

- the inclusion of sessions to validate follow-up waiting lists in consultant job plans for some specialties, along with the introduction and adoption of the virtual clinic model;
- redesigned outcome forms in some specialities to include a tick box to identify higher risk patients that should not be cancelled; and
- development of consultant efficiency data and reporting to better understand performance.

54. Although there is evidence that the Health Board is looking at follow-ups from a perspective of both service redesign and associated systems and process redesign, they are not yet reducing the number patients waiting for a follow-up or those delayed.

55. As part of our fieldwork, we met with staff from a number of specialties with clinical and supporting operational staff to understand their views on addressing follow-ups not booked. Exhibit 2 shows the key themes identified during these discussions and the Health Board will need to consider these as part of both its short-term and longer-term plans for service changes.

Exhibit 2: Improvement themes as identified during the specialty discussions

Pathway model:

- establishing discharge criteria to minimise inconsistency in discharge practice between consultants (anecdotal evidence that locums, junior doctors and some consultants are less likely to discharge);
- building capacity and support within primary care so that patients can be safely discharged;
- ensuring that the development of GP Clusters supports pathway redesign;
- undertaking follow-ups eg, by telephone or writing to patients;
- developing confidence that capacity exists in primary care to discharge patients combined with capacity in secondary care if a patient needs to return; and
- understanding follow-ups as part of a wider outpatient system and the need for new approaches to ensure unnecessary follow-ups are not generated.

Clinic capacity and location:

- ensure that clinic capacity is matched to demand;
- improving booking processes to reduce DNAs;
- expand use of nurse practitioners to undertake appropriate follow-up activities; and
- ensure patients are referred to the appropriate consultant/specialist.

Other areas:

- recognising that a cultural shift is required to develop and adopt new service delivery models;
- adopt partial booking for follow-ups;
- ensuring that waiting list validation is ongoing and resourced; and
- providing training for front-end data entry to minimise data errors and reduce the need for subsequent validation.

Source: Wales Audit Office

56. It is clear that the Health Board has a challenge in addressing its current follow-up outpatient demand as both the number of patients waiting for a follow-up and those delayed is increasing. If patients with complex co-morbidities and chronic conditions continue to increase then not only will there be a corresponding increase in outpatient activity but that activity is also likely to increase demand for follow-ups. The major challenge now facing the Health Board is about how to modernise outpatient services whilst reducing follow-ups in the short term as modernisation takes time to achieve.

The Health Board has plans to develop services within the community and improve hospital based arrangements but modernisation of services will be challenging

57. This section of the report looks at the longer-term plans that the Health Board is developing to modernise outpatient services. All health boards are required to develop integrated medium term plans (IMTPs). The Health Board's plan **Cwm Taf Cares** plan was approved by the Board in April 2015 and was approved by the Welsh Government in June 2015.

58. It is positive to note that the longer-term redesigning of services is reflected in the Health Board's IMTP. There is an expectation as stated in the IMTP that financial savings would be generated from outpatient redesign and improvements in efficiency and productivity over the three year period of the plan:

- 2014-15 savings of £135,000
- 2015-16 savings of £455,000
- 2016-17 savings of £655,000

59. It is not clear if the Health Board has achieved the anticipated savings in 2014-15 and whether or not it is on track to achieve the savings identified for 2015-16.

60. In its IMTP the Health Board states that 'the planning approach for the development of our Plan was designed as a two-fold process; developing directorate/locality 'bottom up' and owned plans within a local Integrated Planning Framework (IPF) and in parallel, developing plans based on cross cutting themes and other organisation wide plans'. The Health Board established an Outpatient Improvement and Patient Care Administration Theme as part of its approach to delivering its IMTP. It states the 'purpose of the Outpatient Improvement and Patient Care Administration Theme is to maximise the utilisation of the Health Board's outpatient capacity in response to changing and increasing demand'. The theme focuses on two distinct elements; improving clinic efficiency and patient experience, and rethinking systems and pathways.

61. In August 2015, the Executive Team agreed the detailed scope of the theme. There are 12 projects within the theme (Exhibit 3) which cover both pathway redesign and also administrative procedures. It is positive to note that there is a degree of similarity with the suggestions made by staff as summarised in Exhibit 2. The Health Board recognises that some of the projects require further development and refinement.

62. A number of the projects require further work to determine the level of savings to be achieved and many indicate that the activities are 'cost avoidance and redistribution rather than direct cost savings'. Despite this, it is positive to note that some of the projects have milestones and outputs identified. This should enable the Health Board to monitor and manage delivery. However, it will be important for the Health Board to undertake timely evaluation of the projects to assess impact.

Exhibit 3: Outpatient Improvement and Patient Care Administration Projects

• Reduce clinic cancellation rates • Implement Text and Remind Service • Implement Self Service Check-in • Achieve Partial Booking in all specialities • Implement the Referral Management Centre • Referral Pathways/Referral Criteria • Reduce inappropriate referrals or unnecessary referrals both internal within secondary care and from primary to secondary care • Reduce follow-up rates • Benchmarking of Medical Records • Benchmarking of OPD • Review Postage Costs • Review Consultant job plans (relating to OPD sessions)

Source: Cross Cutting Theme Scoping Document, Cwm Taf University Health Board

63. Exhibit 4 outlines the key aspects of the specific follow-ups project which is focussed on standardising follow-up criteria to address variation in practice and also reduce follow-up demand.

Exhibit 4: Outpatient Improvement and Patient Care Administration – Follow-ups

Follow-ups	Standardise the process for outpatient follow-up criteria in order to address the variation across consultant teams around how guidelines are applied.
Outputs	Reduction in demand for hospital-based follow-up appointments, unnecessary appointments. Increase clinic capacity for follow-up appointments, including FUNB.
Milestones	Consider the process around follow-up appointments to determine where patients need to be seen, for example: Primary Care setting, Hospital setting. Consider whether a patient needs to be seen by a Consultant/Nurse/GP or whether their follow-up appointment can be undertaken by telephone or letter. Consider what is being communicated to Junior and Middle Grade doctors around follow-ups. Consider what is being communicated to patients, GPs and other stakeholders.

Source: Cross Cutting Theme Scoping Document, Cwm Taf University Health Board

64. In August 2015, the Health Board implemented two of its twelve themed projects, Self Service Check-in, and Text and Remind. The aim of self-service system is to cut the time people spend waiting to check in at reception desks and streamline the appointments system, and Text and Remind will reduce the number of missed appointments.

65. In its Primary and Community Services Delivery Plan, the Health Board recognises 'transformational change is urgently required to meet the challenges of the future. Further incremental shift of services from hospital to community-based delivery or indeed simply extending the role of enhanced services within the GMS contract will not deliver the scale or pace of change necessary to meet demand'. A key aspect of the plan is to develop four Cluster Hubs[11] as centres for delivering more enhanced services and to transfer services out of acute hospitals. There are a number of identified service changes that are being developed during 2015-16 including:

- Locality Cardiology Service – proposal includes scope for a Community One-Stop Shop for specialist opinion and relevant investigations. Defined clinical follow-up and Specialist Nurse Clinics run within this community setting with appropriate lead general practitioner support.
- Locality Community Diabetes Service – a review of the diabetic cases in one locality revealed that two-thirds could be managed within a Specialist Locality Clinic by a Specialist/Practice Nurse team or by the General Practitioner/ Consultant.

66. The Health Board accepts that the current model for outpatient services is not fit for purpose or sustainable. Given the demand for outpatient follow-ups, the Health Board will need to ensure that there will be sufficient capacity and resources to implement its plans at the pace required.

[11] Cluster Hubs are designed to provide a vehicle for interfacing and integrating Primary and Secondary Care services at a Locality level and will serve as a focus to develop a range of out-of-hospital services.

Appendix 1

Number of patients delayed analysed by length of delay at June 2015 for Cwm Taf University Health Board and all-Wales

		Delay over target date			
	Total Number of patients delayed	**0% up to 25%**	**Over 26% up to 50%**	**Over 50% up to 100%**	**Over 100%**
Cwm Taf UHB	18,554	3,604 (19%)	2,772 (15%)	3,451 (19%)	8,727 (47%)
All Wales	231,392	49,689 (21%)	26,827 (12%)	34,359 (15%)	120,517 (52%)

Source: Welsh Government Outpatient Follow-up Delays – Health Board Monthly Submissions

Appendix 2

Trend in number of patients delayed over their target date in Cwm Taf Health Board between January and June 2015

Month	Total number of patients waiting for follow-up with a target date	Total number of patients waiting for a follow-up who are delayed past their target date				
		0% up to 25% delay	Over 26 up to 50% delay	Over 50% up to 100% delay	Over 100% delay	Total delayed
Follow-up Not Booked						
January	24,932	1,773	1,459	2,147	6,880	12,259
February	24,668	1,726	1,534	1,945	6,541	11,746
March	25,619	2,015	1,516	2,143	6,650	12,324
April	28,631	2,266	1,469	2,243	8,333	14,311
May	27,094	2,386	1,717	2,361	6,972	13,436
June	28,021	2,193	1,868	2,451	7,439	13,951
Appointment Booked						
April	25,200	1,088	547	644	941	3,220
May	27,196	1,583	931	967	1,487	4,968
June	28,608	1,411	904	1,000	1,288	4,603

Source: Welsh Government Outpatient Follow-up Delays – Monthly Submission

Appendix 3

The number of patients waiting for a follow-up appointment and the percentage who are delayed by selected speciality between April and June 2015 (booked patients)

	April	May	June
General Surgery			
Number of patients waiting for a follow-up	933	1,068	929
Number and percentage of patients delayed beyond target date	399	359	297
	43%	34%	32%
Ophthalmology			
Number of patients waiting for a follow-up	4,075	3,977	4,179
Number and percentage of patients delayed beyond target date	841	1,097	1,037
	21%	28%	25%
General Medicine			
Number of patients waiting for a follow-up	2,845	2,736	2,839
Number and percentage of patients delayed beyond target date	351	367	371
	12%	13%	13%
Gynaecology			
Number of patients waiting for a follow-up	858	826	925
Number and percentage of patients delayed beyond target date	291	228	254
	34%	28%	27%

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